

OMB CONTROL NUMBER: XXXX-XXXX

OMB EXPIRATION DATE: XX/XX/XXXX

## AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0703-XXXX, is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

## demographics

What is your age in years?

Age 

What is your rank?

Please describe your current marital status:

- Not dating or in a relationship
- Dating but not exclusively
- Dating exclusively for less than 6 months
- Dating exclusively for more than 6 months
- Engaged
- Separated/Divorced
- Married
- Other
- 
- Prefer not to answer

What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- Prefer not to answer

### How would you describe your current gender?

- Male
- Female
- Transgender, male to female
- Transgender, female to male
- Not listed, please specify
- Prefer not to answer

### Do you consider yourself to be Hispanic or Latino (Please check only one)

- Yes
- No

### What is your race? (Please check one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

### Do you consider yourself to be:

- Heterosexual or straight
- Gay or Lesbian
- Bisexual
- Something else, please specify
- Prefer not to answer

Thinking about your entire life, how many sex partners have you had?

Who have you EVER had sex with?

- Men only
- Women only
- Both men and women
- I have not had sex
- Prefer not to answer

Are you currently involved in any programs to address concerns relating to alcohol use? (i.e., AA, treatment, other support groups)?

- Yes
- No
- Prefer not to answer

Are you currently involved in any efforts to support sexual harassment and assault awareness and prevention above and beyond required trainings (i.e., Command resiliency teams, community groups)?

- Yes
- No
- Prefer not to answer

## audit-c

How often did you have a drink containing alcohol in the past year?

- Never
- Monthly or less
- 2 to 4 times a month
- 2 to 3 times a week

4 or more times a week

How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

- None, I do not drink
- 1 or 2 drinks
- 3 or 4 drinks
- 5 or 6 drinks
- 7 or 9 drinks
- 10 or more drinks

How often did you have six or more drinks on one occasion in the past year?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

## demographics continued

How much do you identify with:

	0 (Not at all)	1	2	3	4	5	6 (Completely)
The typical female Sailor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The typical male Sailor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there another sub-population or group of Sailors that you identify with more?

- Yes
- No
- Prefer not to answer

Which sub-population or group do you identify with more?

What feedback do you have for making the intervention more helpful or applicable for Sailors like you?

Generally speaking, what other feedback do you have that might be important for us to know?

How comfortable were you viewing this intervention?

- Very uncomfortable
- Moderately uncomfortable
- Slightly uncomfortable
- Neither comfortable nor uncomfortable
- Slightly comfortable
- Moderately comfortable
- Very comfortable

How distressing did you find the intervention content?

- Extremely distressing
- Quite a bit distressing
- Moderately distressing
- A little bit distressing
- Not at all distressing

How helpful did you find the intervention content?

- Very unhelpful
- Moderately unhelpful
- Slightly unhelpful
- Neutral
- Slightly helpful
- Moderately helpful
- Very helpful

How comfortable do you think other Sailors would be viewing this intervention?

- Very uncomfortable
- Moderately
- Slightly
- Neither
- Slightly
- Moderately
- Very comfortable

uncomfortable   
  uncomfortable   
  comfortable nor uncomfortable   
  comfortable   
  comfortable   

How distressing do you think the intervention content would be for Sailors?

Extremely distressing   
  Quite a bit distressing   
  Moderately distressing   
  A little bit distressing   
  Not at all distressing

How helpful do you think the intervention content would be for Sailors?

Very unhelpful   
  Moderately unhelpful   
  Slightly unhelpful   
  Neutral   
  Slightly helpful   
  Moderately helpful   
  Very helpful

What do you think was missing from the intervention content that Sailors in the military should know about?

**IMI value/usefulness subscale & questions about interest and importance**

For each of the following statements, please indicate how true it is for you, using the following scale:

	1 (Not true at all)	2	3	4 (Somewhat true)	5	6	7 (Very true)
I believe this activity could be of some value to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that doing this activity is useful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think this is important to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be willing to do this again because it has some value to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think this activity could help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe doing this activity could be beneficial to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think this is an important activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For each of the following statements, please indicate how true it is for you, using the following scale:

	1 (Not true at all)	2	3	4 (Somewhat true)	5	6	7 (Very true)
I am interested in doing this intervention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think other Sailors would be interested in doing this intervention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think this intervention is important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think other Sailors would think this intervention is important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>